

COMPLAINT RECORD

Agency use only
Case# _____

MAIL TO: **EXECUTIVE COUNCIL OF PT & OT EXAMINERS**
1801 Congress Ave Ste 10.900, Austin, TX 78701

PLEASE PRINT OR TYPE

Complaint against:

Name:		Type of license:	
Address:			
City:	State:	Zip Code:	
Phone:		Email:	

Person Filing Complaint:

Name:		
Address		
City:	State:	Zip Code:
Phone:	Email:	

Details of Complaint:

Describe your complaint in detail. Include the names, locations and dates involved, and provide copies of any supporting documents.

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature

Date _____